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TELECOPY TO: COMMISSIONER FOR PATENTS

FAX NUMBER: (571) 872-9306

FROM: JOHN P. O'BANION

**RE: 10/724,001
(LAN1074.69A1)**

CERTIFICATE OF FACSIMILE TRANSMISSION (37 CFR 1.8)

I hereby certify that the enclosed:

1. **TRANSMITTAL LETTER (1 PAGE)**
2. **AMENDMENT (10 PAGES)**

are being facsimile transmitted to the United States Patent and Trademark Office (Fax No. 571-872-9306) on 27 October 2005.

JOHN P. O'BANION
(Type or print name of person signing certificate)

(Signature)


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NUMBER OF PAGES SENT (INCLUDING COVER SHEET): 12

**IF THERE ARE ANY PROBLEMS OR QUESTIONS, PLEASE CONTACT US AT (916) 498-1010.
OUR FAX NO. IS (916) 498-1074.**

OCT 27 2005

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. LAN1074.69A1	
Applicant(s): TIMOTHY J. LANDIS					
Application No. 10/724,001	Filing Date 11/25/2003	Examiner HOON K. SONG	Customer No. 8156	Group Art Unit 2882	Confirmation No. 7520
Invention: APPARATUS FOR RETAINING A RADIOGRAPHIC SENSOR DURING DENTAL X-RAY IMAGING					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	39 -	43 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature John P. O'Banion, Reg. No. 33,201 O'BANION & RITCHEY LLP 400 Capitol Mall, Suite 1550 Sacramento, CA 95814 (916) 498-1010			Dated: 27 October 2005 <div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>		
cc:					

P11SMALL/REV09

OCT 27 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/724,001 Confirmation No.: 7520
Applicant : TIMOTHY J. LANDIS
Title : APPARATUS FOR RETAINING A RADIOGRAPHIC SENSOR
DURING DENTAL X-RAY IMAGING
Filed : November 25, 2003
TC/A.U. : 2882
Examiner : HOON K. SONG
Docket No. : LAN1074.69A1
Cust. No. : 8156

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

In response to the Office Action mailed on July 27, 2005, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.